Name in Full: Martha Ann Baughman

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Perryville City — County: Cecil

Date of death: 1904 — Month: Oct — Day: 22 — Age: Years 88 — Months 4 — Days 15

Sex: Female — Color or Race: White — Birthplace: Va

Occupation: No occupation — Where Residing if not at place of death: —

Married, Single or Widowed: Widow — Name of Wife or Husband: Jonathan Baughman

Father's Name: Wm B Walthall — Father's Birthplace: Va

Mother's Maiden Name: Martha Baily — Mother's Birthplace: Va

Name of person giving Imformation: Wm S. Baughman — How related to deceased: Son

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Senile Pneumonia — How long: 10 days.

Immediate: Exhaustion — How long: 3 days

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: J. Wilson, M. D.

Address: Perryville City, Md.

Accident or Suicide? —

LIBRARY BUREAU A89316

Name in Full: Claude Carey

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at — Town: Berlin — County: Worcester

Date of death 1904 — Month: Oct — Day: 2 — Age — Years: 28 — Months: 8 — Days: 2

Sex: Male — Color or Race: White — Birthplace: Md

Occupation: Invalid — Where Residing if not at place of death:

Married, Single or Widowed: Single — Name of Wife or Husband:

Father's Name: Morris Carey — Father's Birthplace: Md

Mother's Maiden Name: Adelia Carey — Mother's Birthplace: Md

Name of person giving Information: H E Murray — How related to deceased: Brother in law

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Heart- — How long: 401 yrs

Immediate: Heart-Failure — How long: 3 or 4 days

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: Dr Holland

Address: Berlin Md

Accident or Suicide?

LIBRARY BUREAU A88818

Name in Full: Wm P Chapman

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Stockton — County: Worcester

Date of death: Month: 10 — Day: 8 — 1904

Age: Years: 76 — Months: — — Days: 3

Sex:

Color or Race: White

Birthplace: Md

Occupation: Farmer

Where Residing if not at place of death: Same

Married, Single, Widow or Widower:

Name of Wife or Husband: Mary Chapman

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: John G Chapman

Father's Birthplace: Maryland

Mother's Maiden Name: Hill

Mother's Birthplace: Maryland

Name of person giving information:

How related to deceased:

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Nephritis — How long: 12 Months

Immediate: Heart failure — How long: 4 days

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: J D Dickerson

Address: Stockton Worcester Co

Accident or Suicide?

LIBRARY BUREAU A88516

Name in Full: John L. Dennis Child

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Saint Inigoes | County:

Date of death 1904: Month: Oct | Day: 16 | Years: Age | Months: | Days: 9

Sex: Female | Color or Race: White | Birthplace: Md

Occupation: | Where ~~Residing~~ if not at place of death:

~~Married~~ Single or Widowed | Name of Wife or Husband:

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: John L Dennis | Father's Birthplace: Md

Mother's Maiden Name: Rose E Clarke | Mother's Birthplace: Md

Name of person giving In formation: Charles Dennis | How related to deceased: Uncle

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary:

Immediate: Lockjaw 7 2 | How long:

How long:

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: E. Holland

Address:

Accident or Suicide?

LIBRARY BUREAU A88818

Name in Full: Matilda A. Dishroon

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Pocomoke City — County: Worcester

Date of death 1904 — Month: Oct — Day: 24 — Age — Years: 67 — Months: 4 — Days: 24

Sex: Female — Color or Race: White — Birthplace: Somerset Co Md

Occupation: Domestic — Where Residing if not at place of death:

Married, Single or Widowed: Married — Name of Wife or Husband: Thos M. Dishroon

Father's Name: John R. Hopkins — Father's Birthplace: Somerset Co Md

Mother's Maiden Name: — Mother's Birthplace:

Name of person giving Information: Thos M Dishroon — How related to deceased: Son

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Funeral Prostitude with an irregular fever — How long: 6 days.

Immediate: Cerebral Hemorrhage — How long: 12 hours

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: L. Lee Hall

Address: Pocomoke City, Md

Accident or Suicide?

LIBRARY BUREAU A8881Q

Name in Full: Mary Downs

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Campbells; County: Worcester

Date of death: Month: Oct; Day: 29; 1904

Age: Years: 55; Months; Days

Sex: Female

Color or Race: White

Birthplace: Maryland

Occupation: House work

Where Residing if not at place of death: At Home

Married, Single or Widowed: Married

Name of Wife or Husband: William Downs Md

Father's Name

Father's Birthplace

Mother's Maiden Name

Mother's Birthplace

Name of person giving Information: Gunter Coulson

How related to deceased: None

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Consumption

How long

Immediate

How long

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: R B Cain M.D.

P.O. Address: Bishopville Md

Accident or Suicide? ~~Accident or Suicide~~ No

LIBRARY BUREAU A66616

Name in Full — Certificate of Death

Infant

Died at — Town: Stockton — County: Worcester — MARYLAND

Date 1904 — Month: 10 — Day: 29 — Age: Y. 1 M. D. — Native of: md — Occupation: ..

~~Male~~ / ~~White~~ / ~~Married~~ / Widow / Divorced

Female / Colored / Single / Widower / Number of children living

Husband of
Wife

Father's Name: Thomas Douglas — Mother's Maiden Name: Caroline Collins

Cause of Death — Primary: 179 — How long sick: 1 hour

Immediate: Heart failure

Accident, Suicide, Homicide

Reported by: A L Heinrich

Address: Stockton

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Name in Full James Stanton Ennis

CERTIFICATE OF DEATH

MARYLAND

Died at Ft. Lookes, Town — Worcester, County

TO BE ANSWERED BY NEAREST FRIEND

Date of death 1904	Month Oct.	Day 28.	Age 60.	Years	Months one / Days one
Sex Male		Color or Race White		Birthplace Maryland.	
Occupation Farmer		Where Residing if not at place of death			
Married, Single or Widowed Married		Name of Wife or ~~Husband~~ Mary Ellen			
Father's Name Levin Ennis				Father's Birthplace Maryland.	
Mother's Maiden Name Priscilla Ennis				Mother's Birthplace Maryland	
Name of person giving In formation Edward Ennis				How related to deceased Son.	

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CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary	How long
Immediate	How long
Are the name, age, sex, color. date and place correctly given above?	Signature of Physician
	Address
Accident or Suicide?	

LIBRARY BUREAU A88518

Dr. J. I. T. Long of Allen Wicomico Co. attended
Mr. Ennis, he was said to have died of pneumonia
I had no means of getting certificate from
Dr. Long

Geo. C. Hill
Undertaker Salisbury
Md.

Name in Full: Harrison Gray

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Pocomoke City; County: Worcester

Date of death: Month: Oct; Day: 22; 1904

Age: Years: 16; Months; Days

Sex: Male; Color or Race: Colored; Birthplace: Md.

Occupation: No occupation; Where Residing if not at place of death: —

Married, Single or Widowed: single; Name of Wife or Husband: —

Father's Name: Stanbury Gray; Father's Birthplace: Md.

Mother's Maiden Name: Addie Hinkson; Mother's Birthplace: Va

Name of person giving Imformation: Stanbury Gray; How related to deceased: Father

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Tuberculosis of lungs; How long: 8 months

Immediate: Exhaustion; How long: 3 days

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: J. W. Wilson M.D.

Address: Pocomoke City Md

Accident or Suicide?

LIBRARY BUREAU A88816

Name in Full: Tabitha Hancock

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Snow Hill; County:

Date of death: 1904 Month: Oct. Day: 6 Years: Age 67 Months: Days:

Sex: Female Color or Race: White Birthplace: Md.

Occupation: — Where Residing if not at place of death: —

Married, Single or Widowed: — Name of Wife or Husband: —

Father's Name: — Father's Birthplace:

Mother's Maiden Name: — Mother's Birthplace:

Name of person giving Information: Ida. Hancock How related to deceased: daughter

TO BE ANSWERED BY NEAREST FRIEND

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CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Tuberculosis of lungs How long: 10 years

Immediate: Heart failure How long: about half an hour

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: Dr. Strawbridge

Address: Snow Hill Md

Accident or Suicide?

LIBRARY BUREAU A66816

Name in Full: Alfred Harris

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Pocomoke City; County: Worcester

Date of death: 1904 Month: Oct Day: 26

Age: Years: Months: 2 Days:

Sex: male

Color or Race: Colored

Birthplace: Md.

Occupation: ~

Where Residing if not at place of death: ~

Married, Single or Widowed: ~

Name of Wife or Husband: ~

Father's Name: Charles Harris

Father's Birthplace: Md.

Mother's Maiden Name: Georgia Bailey

Mother's Birthplace: Md.

Name of person giving Imformation:

How related to deceased:

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Marasmus

How long: 8 days 7 hrs

Immediate: Exhaustion. 15-1

How long: 24 hours

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: S. W. Wilson, M.D.

Address: Pocomoke City Md.

Accident or Suicide?

LIBRARY BUREAU A88516

Name in Full: Elmer Harris

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Prospect City — County: Frederick

Date of death: Month: Oct — Day: 13 — 1904

Age: Years: 1 — Months: 2 — Days:

Sex: Female — Color or Race: Colored — Birthplace: Md

Occupation: — Where Residing if not at place of death: —

Married, Single or Widowed: — Name of Wife or Husband: —

Father's Name: Charles Harris — Father's Birthplace: Md

Mother's Maiden Name: Georgia A. Bailey — Mother's Birthplace: Md.

Name of person giving Imformation: Silas Harris — How related to deceased: Father

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Marasmus — How long: Not known

Immediate: Exhaustion — How long: Do not know

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: J. Wilson M. D.

Address: Prospect City, Md.

Accident or Suicide? —

1899 (179)

LIBRARY BUREAU A8881S

Name in Full: Mary A Halland

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Pocomoke City County: Worcester

Date of death: Month: Oct Day: 18 1904 Age: Years: 0 Months: 5 Days:

Sex: Female Color or Race: Colored Birthplace: Pocomoke City

Occupation: Domestic Where Residing if not at place of death: " "

Married, Single or Widowed: Married Name of Wife or Husband: Isaac Halland

Father's Name: Hans Wheeler Father's Birthplace: Worcester Co

Mother's Maiden Name: Harriet — Mother's Birthplace: " "

Name of person giving information: Isaac Halland How related to deceased: Husband

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Pneumonia How long: a week

Immediate: Exhaustion How long:

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Saml S Quinn

Address: Pocomoke City Md

Accident or Suicide?

LIBRARY BUREAU A88818

Name in Full: Sallie M McLee

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Berlin — County: Worcester

Date of death: Month: Oct — Day: 5 — Year: 1904 — Age: Years: 62 — Months: 7 — Days: 23

Sex: Female — Color or Race: White — Birthplace: Md

Occupation: House Keeper — Where Residing if not at place of death:

Married, Single or Widowed: Widowed — Name of Wife or Husband: John McLee

Father's Name: Burton Bokes — Father's Birthplace: Md

Mother's Maiden Name: [illegible] — Mother's Birthplace: "

Name of person giving Information: J. E. Winn — How related to deceased: None

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Cancer — How long: 3 Months

Immediate: — How long: "

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Dr J W Pitts

Address: Berlin Md

Accident or Suicide?

LIBRARY BUREAU A88016

Name in Full: Infant — Normand

0-4-6

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Dorchester — County: Worcester

Date of death 1904: Month: 10 — Day: 17th

Age: Years: — Months: 5 — Days: —

Sex: Male — Color or Race: Blk — Birthplace: Worcester

Occupation: — Where Residing if not at place of death: —

Married, Single or Widowed: — Name of Wife or Husband:

Father's Name: Henry Martin — Father's Birthplace: Worcester

Mother's Maiden Name: — Mother's Birthplace: do

Name of person giving Information: Peter Lundell — How related to deceased: mother

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: — How long:

Immediate: — How long:

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: No Physician

Address:

Accident or Suicide?

LIBRARY BUREAU A88816

Name in Full: Stephen E Mason

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Snowhill County: Worcester

Date of death 1904: Month: Oct. Day: 5 Years: Age 13 Months Days

Sex: male Color or Race: white Birthplace: Md

Occupation: Where Residing if not at place of death:

Married, ~~Single or Widowed~~: Married Name of Wife or Husband:

Father's Name: — Father's Birthplace:

Mother's Maiden Name: — Mother's Birthplace:

Name of person giving Information: Father Mason How related to deceased: Son

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TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Kidney + Bladder disease How long: Several years

Immediate: Pneumonia How long: 1 week

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: Paul Jones

Address: Snow Hill Md

Accident or Suicide?

LIBRARY BUREAU A88516

Name in Full: Charles Hock

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Near Newark; County: Worcester

Date of death: 1904; Month: 10; Day: 26; Age: Years: 23; Months: ; Days:

Sex: Male; Color or Race: White; Birthplace: Worcester

Occupation: Farmer; Where Residing if not at place of death: —

Married, Single or Widowed: Single; Name of Wife or Husband: —

Father's Name: Wm Hock; Father's Birthplace: Worcester

Mother's Maiden Name: Lemuir Bassett; Mother's Birthplace: "

Name of person giving Information: Jemuir Hock; How related to deceased: Mother

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Tuberculosis; How long: 10 Months

Immediate: " ; How long:

Are the name, age, sex, color, date and place correctly given above? yes

Physician: D. H. Carmany

Address: Newark

Accident or Suicide?

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LIBRARY BUREAU A8681B

Name in Full: Reginald Parsons

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Berlin — County: Worcester

Date of death 1904: Month: Oct — Day: 14 — Age: Years: 3 — Months: 4 — Days: 11

Sex: Male — Color or Race: White — Birthplace: Pa

Occupation: ~~—~~ — ~~Where Residing if not at place of death~~

~~Married, Single or Widowed~~ — Name of Wife or ~~Husband~~

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: Milton E. Parsons — Father's Birthplace: Maryland

Mother's Maiden Name: Jessie Macferander — Mother's Birthplace: Pa

Name of person giving information: Milton Parsons — How related to deceased: Father

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Accidental Poisoning from Corrosive Sublimate — How long

Immediate: Exhaustion — How long: 10 days.

175

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Jadah. P. Dennis

Address: Berlin Maryland

Accident or Suicide?

LIBRARY BUREAU A8681G

Name in Full: Peter Rayne

CERTIFICATE OF DEATH

MARYLAND

Died at: Town. Ingleside / County. Worcester

Date of death 1904: Month 10 / Day 24 / Age: Years 94 / Months 10 / Days

Sex: Male / Color or Race: White / Birthplace: Worcester

Occupation: Farmer / Where Residing if not at place of death: —

Married, Single or Widowed: Widower / Name of Wife or Husband: —

Father's Name: — / Father's Birthplace:

Mother's Maiden Name: — / Mother's Birthplace:

Name of person giving Information: Mrs Warren / How related to deceased: Daughter

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TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Senerel Debility / How long:

Immediate: Congestion Chill / How long: 1 Week

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: Dr J C Dendsure

Address: Berlin Md

Accident or Suicide?

LIBRARY BUREAU A8581G

Name in Full: Elizabeth E. Smith

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Snow Hill — County: Worcester

Date of death 190: Month: Oct — Day: 18 — Age: Years: Three — Months: two — Days: six

Sex: Female — Color or Race: White — Birthplace: Snow Hill Md

Occupation: Nil — Where Residing if not at place of death:

Married, Single or Widowed: Single — Name of Wife or Husband:

Father's Name: Samuel T. Smith — Father's Birthplace: Balto. Md

Mother's Maiden Name: Annie C. Johnson — Mother's Birthplace: Ocean City "

Name of person giving Information: Annie C Smith — How related to deceased: Mother

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Measles — How long: One month

Immediate: Bronchial Pneumonia — How long: Eight days

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: John L. Riley

Address: Snow Hill Md Maryland

Accident or Suicide?

LIBRARY BUREAU A66016

Name in Full: Henry John Smith

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at — Town: Snowhill — County: Worcester

Date of death	Month	Day	Years	Months	Days
1904	Oct	24	Age 29	6	7

Sex: Male — Color or Race: Negro Boy — Birthplace: Richmond Va

Occupation: Brick mason — Where Residing if not at place of death: —

Married, Single or Widowed: Single — Name of Wife or Husband: —

Father's Name: John Smith — Father's Birthplace: Richmond Va

Mother's Maiden Name: Mary Fields — Mother's Birthplace: " " " "

Name of person giving Information: Edw Jones — How related to deceased: Cousin

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Bullet Shot Wound of Abdomen — How long

Immediate: Acute Peritonitis — How long: 3 days

Are the name, age, sex, color, date and place correctly given above? Yes.

Signature of Physician: Henry C. Houck

Address: 120 Princess ave SE Cambridge Md.

Accident or Suicide? Accident

LIBRARY BUREAU A66816

Name in Full: Stokes

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at — Town: Piscataway — County: Prince

Date of death 1904 — Month: 10 — Day: 26 — Age — Years: — Months: — Days: —

Sex: Male — Color or Race: Colored — Birthplace: Md.

Occupation: None — Where Residing if not at place of death: —

~~Married~~, Single or ~~Widowed~~ — Name of Wife or Husband:

Father's Name: Charles Stokes — Father's Birthplace: Va.

Mother's Maiden Name: Hattie Queen — Mother's Birthplace: Md.

Name of person giving In formation: — — How related to deceased: —

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CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: died few minutes — How long:

Immediate: after birth premature birth — How long:

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: H. Mundell

Address: Piscataway Md

Accident or Suicide?

LIBRARY BUREAU A8551

Name in Full: Dorothy Whitcomb

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Hanover — County: Anne Arundel

Date of death 1904: Month: Oct — Day: 24 — Age: Years: 3 — Months: 5 — Days: 12

Sex: Female — Color or Race: White — Birthplace: Hanover

Occupation: Child — Where Residing if not at place of death:

Married, Single or Widowed: — Name of Wife or Husband:

Father's Name: Arthur C. Whitcomb — Father's Birthplace: Hanover

Mother's Maiden Name: Louisa Fisher — Mother's Birthplace: Hanover

Name of person giving Information: Arthur C Whitcomb — How related to deceased: Father

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Cerebro Spinal Meningitis — How long: one day

Immediate: Convulsions — How long: 9 hours

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: J. Joseph Darby

Address: 66 Columbia Ave.

Accident or Suicide?

LIBRARY BUREAU A888-10

Name in Full: Martha Williams

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Snow Hill; County: Worcester

Date of death 1904: Month: Oct; Day: 16th; Age: Years: 94; Months: 9; Days: 12

Sex: Female; Color or Race: White; Birthplace: Md

Occupation: —; Where Residing if not at place of death: —

Married, Single or Widowed: Widowed; Name of Wife or Husband: Aaron B. Williams

Father's Name: —; Father's Birthplace: —

Mother's Maiden Name: —; Mother's Birthplace: —

Name of person giving information: Wm. Cluff; How related to deceased: Son

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TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Old age; How long: —

Immediate: Natural decline; How long: Several Months

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: Paul Jones

Address: Snow Hill Md

Accident or Suicide?

LIBRARY BUREAU A86516

Name in Full: Annie D Anderson

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Pawnbroke — County: Worcester

Date of death 1904 — Month: Oct — Day: 12 — Age — Years: 2 — Months — Days

Sex: Female — Color or Race: Colored — Birthplace: Pawnbroke Md

Occupation: Infant — Where Residing if not at place of death: " " "

Married, Single or Widowed: M — Name of Wife or Husband: —

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: Alonza Anderson — Father's Birthplace: " "

Mother's Maiden Name: Sarah Smith — Mother's Birthplace: " "

Name of person giving Information: " " — How related to deceased: Mother

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Malarial Fever — How long: a week

Immediate: Cerebral Congestion — How long: 12 Hours

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Saml L Quinn

Address: Pawnbroke Md

Accident or Suicide?

LIBRARY BUREAU A88516

Name in Full: Thomas Wooden Child

CERTIFICATE OF DEATH

Died at: Town: Friendship — County: Worcester — MARYLAND

Date of death 1904: Month: Oct — Day: 22 — Age: Years: — Months: Still Born — Days:

Sex: Male — Color or Race: White — Birthplace: Maryland

Occupation: — Where Residing if not at place of death:

Married, Single or Widowed: — Name of Wife or Husband:

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: Thomas Wooden — Father's Birthplace: Maryland

Mother's Maiden Name: Mary Kelly — Mother's Birthplace: Maryland

Name of person giving information: Chas Fisher — How related to deceased: None

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Still Born — How long:

Immediate: — How long:

Are the name, age, sex, color, date and place correctly given above? Yes Dr In attendance

Signature of Physician: [redacted]

Address: [redacted]

Accident or Suicide?

C. J. Evans M.D. undertaker

LIBRARY BUREAU A88816